## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

				Ľ	TOUGO TOUGH	1011 404 401 10 10 411	-,p				•	_					
SECTION 1 - General Informati	ion	-															
1. Name and Malling Address of	f Respo	ondent															
West River Cooperative Telephone Company 801 Coleman Ave., PO Box 39 Bison, SD 57620														Check here if this is a change of address.			
2. Year Report Filed			3. Reporting	Period (Endi	ng Date of Pa	ay .		4. Number of	of Full-Time En								
2017	Period Co April	vered by Rep 2017	oort)			a 🗍 Fe	Period (check wer than 16 (com or more (com	. <u></u>									
SECTION II - Full-Time Employ	/ees.																
Job Categories		Number of Employees (Report employees in only one category)															
		Race/Ethnicity															
		Hispa				Not-Hispanic or Latino											
		Latino				Ma	ale				Female					Columns A - N	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawalian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	Е	F	G	н	I	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			3	_											3	
First/Mid-Level Officials and Managers	1.2			5						3						8	
Professionals	2									4						4	
Technicians	3			4												4	
Sales Workers	4									1						1	
Administrative Support Workers	5									5						5	
Craft Workers	6			1											<u> </u>	1	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9			1												1	
TOTAL	10	0	0	14	0	0	0	0	0	13	0	0	0	0 .	0	27	
PREVIOUS YEAR TOTAL	11	-		15				1	ľ	14						29	

FCC 395

SECTION III - Part-Time Emp	loyees.	·															
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories		Hispanic or Latino		Not-Hispanic or Latino													
	İ			Male Female											Total Columns A - N		
	Male	Male Female	White	Black or African American	Native Hawallan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	1		
		В	С	D	E	F	G	н	- 1	J	к	L	М	N	0		
Executive/Senior Level Officials and Managers	1.1														0		
First/Mid-Level Officials and Managers	1.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5														0		
Craft Workers	6														0		
Operatives	7													·	0		
Laborers and Helpers	8														0		
Service Workers	9														0		
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PREVIOUS YEAR TOTAL	11										l				0		
SECTION IV - Report of Discr	imination C	omplaints Pursu	ant to 47 CF	R 22.321, 23.	55, 90.168, 10 <sup>-</sup>	1.4, and 101	311.										
This is to advise the company before a	ne Commiss ny body hav	ion that no compla	ints regarding sdiction in suc	yiolations of th matters dur	the equal emp ing the calend	loyment prov	risions of Fede red by this rep	eral, state, ten ort.	ritorial, or loca	al statutes ha	e been filed a	against this					
This is to advise the (Attach a list indicate)	ne Commiss ating parties	ion that the followi involved, date file	ng complaints d, courts or a	s alleging viola gencies before	tions of the pre-	ovisions of a	ny equal empl n heard, file ni	oyment oppor imber or othe	rtunity statute or designation	have been fil , and current	ed against thi status or disp	s company. osition.					
SECTION V - Certification  I certify that to the best of my kn	nowledge. in	formation, and be	lief. all statem	ents in this re	port are true a	nd correct		<u> </u>									
		inted Name of Per			Signature	· =				Telephone No.							
	Colle 1		g			Colle Aach							(605) 244-5213				
Title of Person Signing General Manager				WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).													